PA	TENT AP	PLICA So	06, no persona TION FEE ubstitute for F	DETERMINA Orm PTO-875	ATION	RECC	n of in	formatio	rit Office o unites	US.	DEPARTA	MENT OCKE	OMB 065 OF COMBU 3 control na Number
	APPLICAT		FILED - PA		Checi	ve Decen	uper 8	. 2004		1	Pla	344	15
FOR		(Column 1)		(Column 2)		SMALL EN				OR.	SI	OTHER THA SMALL ENTI	
BASIC FEE (37 CFR 1 16(4) (6) 0		NUMBER FILED N/A		NUMBER EXTRA		RATE (\$)		FEE (1).			RATE (\$)		FEE
SEARCH FEE (37 CFR 1 16(N. (4). or EXAMINATION FEE	(m)	N/A		NIA		 			,		N/A N/A	•	300.0
DTAL CLAIMS	(9))	N/A :		N/A		N/A		\$100			· N/A		\$500 \$200
NDEPENDENT CLA	ums	minus 20 =				X\$ 25	\cdot			OR	X\$50		7200
17 CFR 1 16(h))	If the	If the specification and c		frawings exceed 100		X100	4				X200	•	
PPLICATION SIZE EE 17 CFR 1 16(4))	is \$25 addition	is \$250 (\$125 for small er additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and		ication size fee due nity) for each action thereof. See d 37 CFR 1.16(s).									
IULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1))						+180=				ŀ	+360=	+	
If the difference in column 1 is less than zero, enter "o" in column 2. APPLICATION AS AMENDED - PART II						TOTAL	L			_	TOTAL		
	(Column 1)	-1	(Column		<u>,</u>	SMAL	L ENJ	ΠΥ	_	DR .	OTH SMA	ER T	HAN .
Total	REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	PRESENT	H	RATE (\$)	ADDI- TIONAL FEE (S)			Γ	RATE (\$)	$\neg r$	- ADDI- TIONAL
INT CFR LIGHT	9	Minus		= -	1 1-	\$ 25			OR	×	\$50	$\cdot /$	FEE (1)
AMENDMENT PREVIOUSLY PAID FOR Total arcfa Literin Minus					1 '	(100	-	/_	OR	X	200	1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16@)						180=	1.7		OR	1.	360=/	†	
	(Column 1)		,	•		OTAL OOL FEE			OR	10	TAL D'L FEE		
F	CLAIMS REMAINING AFTER.		(Column 2 HIGHEST NUMBER PREVIOUSLY	PRESENT	R	ATE (\$)		001-		R	ATE (\$)		ADOI-
Total *	MENDMENT	Minus	PAID FOR	<u> </u>	1	25 .	FEI	E (S)	•	<u> </u>	***	1 7	IONAL EE (\$)
independent = 37 CFR 1.16(h))		Minus	•••	-		00			OR	XS			
Application Size Feathers PRESENTATION							<u> </u>		OR -	X20		-	
ARST PRESENTATIO	- w mountle	OEP-ENDE	ALCENIM (370	FR 1.16@)	+1 TOT.	80=	-	\dashv	OR		60=		
the entry in column the Thighest Numb the Thighest Numb	On Charleton A.	801011	I ILES SPACE	is less than 20, en	ADD "20" aal	L FEE	-	_	OR		L FEE	.	_
the Highest Number the Highest Number oction of Information optocess) an application	Dearla unt. D.	146-0	I WO OLYCE!	a m22 inan 3, 60(6	(3.		e appro	opriale b	ox in oc	lumn 1		•	_

lading gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.